

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 0 2

2. STATE:

North Dakota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1905 of SS Act, OBRA of 1993,  
Section 13601

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 1,977,262

b. FFY 2002 \$ 3,072,930

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 10  
Attachment to page 10 of Attachment 3.1-A  
Attachment 3.1-B page 9  
Attachment to page 9 of Attachment 3.1-B  
Attachment 4.19-B page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1-A page 10  
New  
Attachment 3.1-B page 9  
New  
Attachment 4.19-B page 3

10. SUBJECT OF AMENDMENT:

Personal care services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

David J. Zentner

14. TITLE:

Director, Medical Services

15. DATE SUBMITTED:

January 18, 2001

16. RETURN TO:

David J Zentner  
Director, Medical Services  
ND Dept of Human Services  
600 E Boulevard Ave Dept 325  
Bismarck ND 58505

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

January 23, 2001

18. DATE APPROVED:

4/22/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

2/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: January 18, 2001

Revision: HCFA-PM-94-9 (MB)  
DECEMBER 1994

Attachment 3.1-A  
Page 10

State/Territory: North Dakota

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

       provided   X   not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

  X   Provided:   X   State Approved (Not Physician) Service Plan Allowed

  X   Services Outside the Home Also Allowed

  X   Limitations Described on Attachment

       Not Provided.

TN No. 01-002

Supersedes

TN No. 95-003

Approval Date 04/02/01

Effective Date 02/01/01

State: North Dakota

Attachment to Page 10 of  
Attachment 3.1-A

Limitations on Amount, Duration, and Scope

26. Personal Care Services

Personal care services are limited to only services which are provided in settings outside the home. Personal care services provided in settings outside the home are defined as those services, other than room and board, provided to individuals who, in addition to - being eligible for medical assistance, are eligible to receive such services under the state's basic care assistance program and who reside in an eligible institution. An eligible institution is one which is licensed as a basic care facility by the state and has an agreement with the state agency to participate as a basic care assistance and personal care service provider.

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TN No. 01-002

Supersedes

TN No. New

Approval Date

04/02/01

Effective Date

02/01/01

Revision: HCFA-PM-94-9 (MB)  
DECEMBER 1994

Attachment 3.1-B  
Page 9

State/Territory: North Dakota

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

24. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

\_\_\_\_\_ Provided X Not Provided

25. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

X Provided: X State Approved (Not Physician) Service Plan Allowed

X Services Outside the Home Also Allowed

X Limitations Described on Attachment

\_\_\_\_\_ Not Provided.

TN No. 01-002

Supersedes

TN No. 95-003

Approval Date 04/02/01

Effective Date 02/01/01

State: North Dakota

Attachment to Page 9 of  
Attachment 3.1-B

Limitations on Amount, Duration, and Scope

25. Personal Care Services

Personal care services are limited to only services which are provided in settings outside the home. Personal care services provided in settings outside the home are defined as those services, other than room and board, provided to individuals who, in addition to - being eligible for medical assistance, are eligible to receive such services under the state's basic care assistance program and who reside in an eligible institution. An eligible institution is one which is licensed as a basic care facility by the state and has an agreement with the state agency to participate as a basic care assistance and personal care service provider.

TN No. 01-002

Supersedes

TN No. New

Approval Date 04/02/01

Effective Date 02/01/01

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

16. Payment for Case Management Services for chronically mentally ill Medicaid recipients will be based on a fee schedule developed by the agency from annual cost reports. Reported cost data will be subject to audit by the department's provider audit unit.
17. For rural health clinic services, Medicaid pays the lower of actual charge or cost per the payment structure established by the Medicare fiscal intermediary.
18. Federally Qualified Health Centers (FQHC) will be paid a prospective rate based on their reasonable costs obtained by cost report at least every two years after receipt of the original report from FQHC's operating in the state. Such reports will be desk audited at receipt but not field audited unless irregularities are detected and establish cause for further review.
19. Certified Family Nurse Practitioners, Certified Pediatric Nurse Practitioners, and other nurse practitioners are paid at the lower of billed charges or 75% of our physician fee schedule.
20. Other Practitioner Services - For those practitioners not covered in the State Plan, payment will be based on 75% of their usual and customary billed charges.
21. Christian Science Nurses - Payment will be based on the usual and customary hourly billed charge not to exceed a maximum allowable hourly fee.
22. Christian Science Sanitoriums - Payment will be based on the rates paid by the Medicaid state agency in the state where the sanitorium is located. If no Medicaid rate has been established, payment will be based on 85% of billed charges.
23.
  - a. Personal Care Services in-home - Payments to personal care attendants will be based on the lower of billed charges or maximum allowable fees as established for qualified service providers for the Home and Community Based Care Waiver for the Elderly and Disabled.
  - b. Personal Care Services provided in settings outside the home - payments to personal care service providers will be made based on an allowable per diem rate established by the state agency.
  - c. Payments for nursing services will be based on the usual and customary charges not to exceed a maximum allowable hourly fee.
24. Respiratory Care Services - Payments will be based on 75% of usual and customary billed charges.
25. Organ Transplants - Payments for physician services are based on Attachment 4.19-B No. 5 as described in this attachment. Payment for hospital services are based on Attachment 4.19-A.

TN No. 01-002

Supersedes

TN No. 93-004Approval Date 04/02/01Effective Date 02/01/01